SUBMIT: COMPLETED APPLICATION, TAX Planning and Zoning Depart. PO Box 58 Washburn, WI 54891 (715) 373-6138 **Bayfield County** 

> BAYFIELD COUNTY, WISCONSIN APPLICATION FOR PERMIT

APR 7205

Permit #: Refund: Amount Paid: \$390 7-20-15 7-20-15 156857

Bayfield Co. Zoning Dept

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HOW DO I FILL OUT THIS APPLICATION (visit our website www.bayfie	Show Sumber to
IIS APPLICATI	•
ON (visit our	
website ww	
w.bayfie	

	)	~ ×	With the state of				Other: (explain)	Other:			
	_	~ ×				xplain)	Conditional Use: (explain)	Conditi			
	)	( x			- The state of the	1)	Special Use: (explain)	Special			
	J	×	mmmmateriatis is a second of the second of t	lı I	ration (specify)	Accessory Building Addition/Alteration	ory Building	Access			
150	S)	( (O ×	-D	H OT	- K &	(specify)	Jour	2		Municipal Use	
105	30 )		TOTAL STREET,			n (specify)	Addition/Alteration (specify)	Additio			
	)	×	TPANT	THE PERSON NAMED IN COLUMN NAM	-	Mobile Home (manufactured date)	Home (man	Mobile			
	_	( ×	☐ cooking & food prep facilities)	or 🗆 cooking &	sleeping quarters,		Bunkhouse w/ (☐ sanitary, or ☐	Bunkho			
	_	×				with Attached Garage	with At		Jse	Commercial Use	
		×				with (2 <sup>nd</sup> ) Deck	with (2				
mirano rapa	_	×				Deck	with a Deck				
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		×		and the state of t		Porch	with a Porch		šė	X Residential Use	
- Constitution of the contract	_	×	acumulara di attiti dalitti dalitti di successi della			ft	with Loft		- ^		
	<u> </u>	×	Appropriate the second		ck, etc.)	Residence (i.e. cabin, hunting shack, etc.)	nce (i.e. cabi	Reside	×	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	_	( ×			e on property)	Principal Structure (first structure on property)	al Structure	Princip	ر 	Australia (Marie Carlos)	
Square Footag	ons	Dimensions		9.	Proposed Structure	Pro			۲.	Proposed Use	
00	Height: 1	-	Width: 30'		Length: 3-6	Le			tion:	Proposed Construction:	E-77-77
18,	1	-			36		for is relevan	sing applied	(if permit b	Existing Structure: (If permit being applied for is relevant to it)	350000
			None	*****	and the section of th		and the second s			The second secon	-
		et	ž	***************************************		Foundation	1		Property		
		ervice contract)	- 1	□ None	Schwede Weight was A fee	No Basement		siness on	☐ Run a Business on		
) <u>n</u> )	າin 200 gallo	Vaulted (n	Privy (Pit) or	N 4		ment	×	(existing bldg)	Relocate (existing bldg)		
	P.O.W.T.	ts) Specify Type	X Sanitary (Exists) Specify Type: P.O.W.T.S.	w	to the briefly water water and the same of	ry	Z-Story	on	□ Conversion	80.5%	
××		y Specify Type:	(New) Sanitary	2	Year Round	1-Story + Loft		/Alteration	Addition/Alteration		
□ Ci		1 1	1 1	<b>1</b>	Seasonal	Ā	☐ 1-Story	struction	☐ New Construction	1	1:
Wa	, and the second	What Type of Sewer/Sanitary System Is on the property?	W Sewer, Is on	# of bedrooms	Use	# of Stories and/or basement		ect applying fo <i>r</i> )	<b>Project</b> (What are you applying tor)	Value at Time of Completion * include donated time & material	Brond Addon-Carmonomer and American
										☐ Non-Shoreland	9880000
⊠ Nc	M No	* 	tee	HC anims	If yescontinue -	of take, Fond of	X is Property/Land within 1000 feet of Lake,	ty/Land wit	X is Proper		particular production
□ Ye	□ Yes			Distance Stru	Elowago	of lake Dand o	his 1000 foot	t of and with		☐ Shoreland →	- 4.03000
Are Wetla	ls Property in	*	Distance Structure is from Shoreline :	Distance Stru	Stream (incl. Intermittent)	liver, t	□ Is Property/Land within 300 feet of F Creek or Landward side of Floodplain?	ty/Land wit	☐ Is Proper		00000000000000000000000000000000000000
<u>                                    </u>	Acreage	Lot Size		えいとう	Town of:	W 8	_ N, Range	# 47	, Township	Section 27	
		Subdivision:	Block(s) No.	Lot(s) No.	Vol & Page	Lot(s) CSM	Gov't Lot	60	1/4	1/4,	I
(s) 7 92	Page	Volume 864 Page(s) 793	0001-000-	08-17-3 05-	-47-	- 2	tatemer	ption: (Use	Legal Description:	LOCATION	100000000000000000000000000000000000000
oerty Owners	int: (i.e. Prop	ecorded Docume	10 J 0 72	Ashland		PIN: (23 di		t white	October 1 Sec	1	
written Authorization Attached	Attached	(e/2lp):	Se (Include	gent Walling Acc	(082-0330   8		half of Owner(s))	olication on be	son Signing App	Authorized Agent: (Person Signing Application on behalf of Owner(s))	
Phone:	Plumber Phone:		подражения	Plumber:	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	5	Schraufungel	V. V.	10 mm	Contractor:	
8444-549	-549		7	7 848 J	چ	Fron River	Road	ake Ro	Mecany L	65100 Mec	
1e:(651)	Cell Phon				/Zip:	City/State/Zip:				Address of Property:	
ĕ	Telephone:	55113	City/State/Zip: Rosev:11e, MN &		Address: Applewood court	Mailing Address:			20 E	Owner's Name:	
OTHER		LUSE 🗆 B.O.A.	LUSE 🗆 SPECIALUSE	CONDITIONAL USE	SY D	SANITARY	☐ LAND USE ☐	588	JUESTED-H	TYPE OF PERMIT REQUESTED-	
ty.org/zoning	bayfieldcoun	our website www.	HOW DO I FILL OUT THIS APPLICATION (visit our website www.bayfieldcounty.org/zoning	W DO I FILL OUT T		ED TO APPLICANT.	IAVE BEEN ISSUI	LL PERMITS H	TION UNTIL A	DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.	00
			- Consum	ing Dept.	Baylleld Co. Zoning Dept.		s are paid.	d until all fee	s will be issue	NSTRUCTIONS: No permit	7 ===

FAILURE TO OBTAIN A PERMIT ON STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we are first prescribed for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

(If you are signing on behalf of the owner)	Authorized Agent: Dux Windows	(If there are Multiple Owners listed on the peed all Owners must	Owner(s):
If you are signing on behalf of the other (c) a letter of authorization must accompany this application)	2	sign or letter(s) of authorization must accompany this application)	and the state of t

Address to send permit

800

ke

Shore

Drive

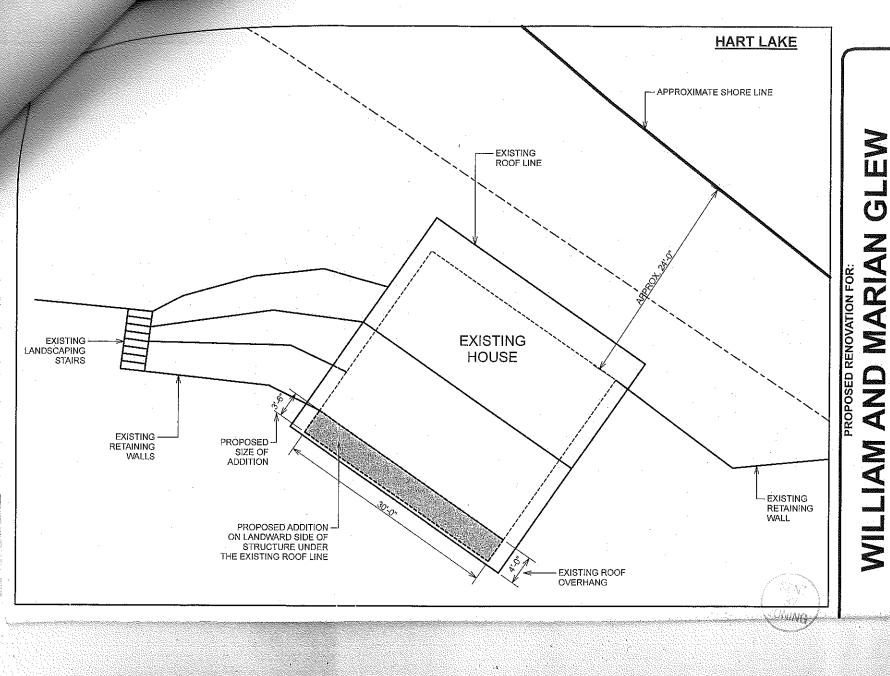
West-

Ashland

Date Date 4=  $\overline{v}$ 

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

Hold For Sanitary:	Signature of inspector:	Conditions per Tec	Condition(s): Town. Committee or Board Conditions Attached?	11tion under	arcel Legally Created Syres Iding Site Delineated Syres	5	Is Parcel a Sub-Standard Lot Pes (Deed of Record) Is Parcel in Common Ownership Pres (Fused/Contiguous Lot(s)) Is Structure Non-Conforming Pres 24 h OHWM	Permit #: 15-0357	Issuance Information (County Use Only) Permit Denied (Date):	(9) Stake or Mark Proposed Locatio  NOTICE: All Land Use Perm For The Construction Of New One & The local T	orner previously surveyed corner or marked by a licensed surveyor at one Prior to the placement or construction of a structure more than ten (10) fe one previously surveyed corner to the other previously surveyed corner, or marked by a licensed surveyor at the owner's expense.	Setback to Privy (Portable, Composting)  Prior to the placement or construction of a structure within ten (10) feet of the minimum required setba	Setback to Drain Field	ast Lot Line	Setback from the <b>South</b> Lot Line	Setback from the Established Right-of-Way  Setback from the North Lot Line	Sethack from the Centarline of Platted Road		Please complete (1) – (7) above (prior to continuing)  (8) Setbacks: (measured to the closest point)	Please complete (1) – (7) above (prior to continui	(1) Show Location of: Proposed (2) Show / Indicate: North (N (3) Show Location of (*): (*) Drive (4) Show: (4) Show: (5) Show: (5) Show any (*): (*) Wetlicker (7) Show any (*): (*) Wetlicker (*) Wet
Hold For Affidavit: Hold For Fees: W		30	ched? 子を □ No -(If No they need to be attached.)	7	Sxistley House Were Property Lines Re	Previously Granted by Variance (B.O.A.)	w Lot(s) XNo Mitigation Required Vess 出いい。 Mitigation Attached Vess	Permit Date: 7-25-(\$	Sanitary Number: //- C/- \$ # of bedrooms:  Reason for Denial:	uction, Septic Tank (ST), Dra ir from the Date of Issuance if it ALL Municipalities Are Requate or Federal agencies may a	orner previously surveyed corner or marked by a licenset surveyor at the owner's expense.  Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.	Feet   The minimum required setback, the boundary line from which the setback must be measured must be visible	047 ~ 50 Feet Setback to Well	Elevation of Floodplain	158 Feet	68	00+	Measurement Description	point)	ATTACHED SITE PLAW -	Proposed Construction  North (N) on Plot Plan  (*) Driveway and (*) Frontage Road (Name Frontage Road)  All Existing Structures on your Property  (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond  (*) Wetlands; or (*) Slopes over 20%
\$30.° 0	Date of Approval: 7,17-18			Zoning District ( \$1 )  Lakes Classification ( 1 )  Date of Re-Inspection:	∭ Yes	»#: NA	Affidavit Required Pres : No Affidavit Attached Pres : No		Sanitary Date: <b>7/27/20</b> //		he setback must be measured must be visible from If the proposed site of the structure, or must be	t be visible from one previously surveyed corner to the	∼15 Feet	Feet	Feet		× > 2+	Measurement	Changes in plans must be approved by the Planning & Zoning Dept.		d/or (*) <b>Privy</b> (P)



## 65100 MCCARRY LAKE ROAD, IRON RIVER, WI 54847 SITE PLAN

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:

Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

C

09 2015

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN
Date Stable (Received)

INSTRUCTIONS: No permits will be issued until all fees are paid.

Checks are made payable to: Bayfield County Zoning Department.

DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT. Bayfield Co. Zoning Dept.

magen	Karanana	7	
Refund:	Amount Paid:	Date:	ermit #:
	475 7-21-15	7-21-15	150 OSC

Sproperty/Land within 300 feet of River, Stream (and Intermittent) Distance Structure is from Shoreline:	Section $17$ , Township $47$ N, Range $208$ W	NE 1/4, S (1) 1/4 Gov't Lat Lat(s)	PROJECT Legal Description: (Use Tax Statement)	THOMAS M. DOGGESS	Authorized Agent: (Person Signing Applies tion on behalf of Owner(s))	Contractor: COWMY GARAGES	67345 CO. AWY H	Address of Property:	THOMAS MIN KIREN KIS CRESS TRUST YOBOXITR IRAN RIBE C	Owner's Name:	TYPE OF PERMIT REQUESTED→ ☐ LAND USE ☐ SANITARY ☐ PRIVY ☐ CONDITIONAL USE ☐ SPECIAL USE
er. Stream (ind. Intermittent		CSM Vol & Page	PIN: (23 digits) 04-024-2-47-0	715-372 5888	Agent Phone:	Contractor Phone: スターカイー5/06	(RON XNG	City/State/Zip:	POBOXi	Mailing Address:	UTARY □ PRIVY
Distance Structure is from Sho	12 ON RIVER	e Lot(s) No. Block(s) No.	PIN: (23 digits) 04-024-2-4カーの8-77-3 07-000-30000 Recorded Volume_	715-372 SABB POBOX 278 /AWK.US, WI	Agent Mailing Address (include City/State/Zip):	Plumber:	(RON KNEZ W. 54847	•	178 1Rav River	City/State/Zip:	🗆 CONDITIONAL USE 💛 SPEI
	Lot Size	Subdivision:	Recorded Docume	12, W 5 18	/State/Zip):			4	2 60:	4884S	CIAL USE 🗆 B.O.A.
o Bronosti in Aro Motlando	Acreage		1 Document: (i.e. Property Owngrship)	S Y Yes   No	Written Authorization	Plumber Phone:	1985.786A	Cell Phone:	76-5725000	Telephone:	).A. OTHER

				16857	ጉ		Value at Time of Completion * include donated time & material	☐ Non-Shoreland	☐ Shoreland —	
	Property	☐ Run a Business on	Relocate (existing bldg)	Conversion	□ Addition/Alteration	KNew Construction	Project		X Is Property/Land within 1000 feet of Lake, Pond or Flowage If yescontinue	☐ Is Property/Land within 300 feet of I Creek or Landward side of Floodplain?
X SLMD	ි Foundati <u>o</u> n	□ No Basement	Basement	□ 2-Story	☐ 1-Story + Loft	X1-Story	# of Stories and/or basement		າ 1000 feet of Lake, Pon If ye	liver,
					X Year Round	Seasonal	Use	**************************************	Pond or Flowage If yescontinue	Stream (ind. Intermittent) If yes—continue —
		None		<b>Б</b>	□ 2	_ <b>1</b>	# of bedrooms		Distance Stru	Distance Stru
□ None	☐ Compost Toilet	Portable (w/service contract)	Privy (Pit) or Vaulted (min 200 gallon)	□ Sanitary (Exists) Specify Type. ろと	☐ (New) Sanitary Specify Type:	☐ Municipal/City	What Type of Sewer/Sanitary Sy Is on the proper		Distance Structure is from Shoreline :	Distance Structure is from Shoreline :
		ntract)	lited (min 200 gallon)	ify Type: 52776	ify Type:		stem ty?			Is Property in A
	1	<u> </u>			Well	□ City	Water		\\\Yes	Are Wetlands Present?

 Proposed Construction:	Existing Structure: (If permit being applied	
Length:	I for is relevant to it) Length:	
30°	,	
Width:	Width:	
ンナベ		
Height:	Height:	

Existing Structure: (If per	mit bei	Existing Structure: (If permit being applied for is relevant to it) Length:	Width:	.	Height:	
Proposed Construction:			width:	4	Height:	(2)
Proposed Use	<b>\</b>	Proposed Structure		0	Dimensions	Square Footage
		Principal Structure (first structure on property)		_	x )	
***************************************		Residence (i.e. cabin, hunting shack, etc.)		(	x }	
		with Loft		)	× )	
		with a Porch		(	x )	
,		with (2 <sup>nd</sup> ) Porch			× )	
		with a Deck		-	×	
-		with (2 <sup>nd</sup> ) Deck		_	×	
☐ Commercial Use		with Attached Garage		)	×	
		Bunkhouse w/ (☐ sanitary, or ☐ sleeping quarters, or ☐ cooking & food prep facilities)	& food prep facilities)	) (	× )	
		Wobile Home (manufactured date)		(	x )	
		Addition/Alteration (specify)		(	x )	
Municipal Use	×	Accessory Building (specify)		2	108×7C	740
The state of the s		Accessory Building Addition/Alteration (specify)		(	× )	
Rec'd for Issuance	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
		Special Use: (explain)		(	x )	
	T	Conditional Use: (explain)	manuscript de la company de	_	×	· · · · · · · · · · · · · · · · · · ·
		Other: (explain)	Mercen	_	×	
Secretaliai Stall						

I (we) declare that this application (I am (are) responsible for the Netail a may be a result of Bayfield County above described property at any rea FAILURE TO OBTAIN A PERMIT or STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN DENALTIES or accompanying information) has been examined by me [us] and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) you all information I (we) are given providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which the strange of the providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the refer by purpose of inspection.

Authorized Agent:

Address to send permit

Owner(s):

(If there are Multiple Owners

(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

)wners must sign or letter(s) of authorization must accompany this application)

Date カイン

Date

Please complete (1) -- (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

			Feet		Setback to Privy (Portable, Composting)
			Feet	750	Setback to <b>Drain Field</b>
Feet	20	Setback to Well	Feet	750	Setback to Septic Tank or Holding Tank
Feet		Elevation of Floodplain	Feet	800 Feet	Setback from the East Lot Line
X No	☐ Yes	20% Slope Area on property	Feet	600	Setback from the West Lot Line
Feet	100	Setback from Wetland	Feet	700	Setback from the <b>South</b> Lot Line
			Feet	20	Setback from the <b>North</b> Lot Line
Feet	1	Setback from the Bank or Bluff			
Feet	\	Setback from the River, Stream, Creek	Feet		Setback from the Established Right-of-Way
Feet	こびん	Setback from the Lake (ordinary high-water mark)	Feet	001/0	Setback from the Centerline of Platted Road
1				3	
ent	Measurement	Description	rt.	Measurement	Description

Prior to the place one previously su marked by a licer ement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from urveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be used surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W)

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun. For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)	Sanitary Number:	# of bedrooms:	Sanitary Date:
Permit Denied (Date):	Reason for Denial:		
Permit #: 150261	Permit Date: $\gamma_{\partial}$		
Is Parcel a Sub-Standard Lot   □ Yes   Deed of Record	- Ino	Mitigation Required ☐ Yes	Affidavit Required
Granted by Variance (B.O.A.) □ Yes □ Nuo — Case #-		Previously Granted by Variance (B.O.A.) □ Yes □ Vo	
Was Parcel Legally Created Xyes □ No Was Proposed Building Site Delineated Xyes □ No		Were Property Lines Represented by Owner XYes Was Property Surveyed ☐ Yes	er X ves Piredent () ono
Inspection Record: Sife With Stated: 1-15-15.	7-15-15.		Zoning District (R-1) Lakes Classification (3-0)
Date of Inspection: $1/15-15+1-20+1$ inspected by:	Inspected by:		Date of Re-Inspection:
Structure or Board Conditions Attached? Tes 5	<b>∄</b> /[	numan habitation o	2 2
purposes. No ration under presure in	GENERAL CO.	issur in the build	SIDE OFFIS
as lesador dependo	とという	A Barly	
Signature of Inspector:	N		Date of Approval:
Hold For Sanitary: Hold For TBA:	Hold For Affidavit:	it: Hold For Fees;	